Washington State Health Care Authority

School-Based Health Care Services
September 2015

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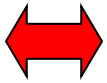
Training Overview

SBHS

- **Program Overview**
- **Website**
- **Provider Update Form**
- **Documentation Requirements**
- **Licensure Requirements**
- **IGT Process**
- **Provider Guide**



ProviderOne

- **Accessing ProviderOne**
- **Setting up Users**
- **Enrolling Providers**
- **Eligibility Verification**
- **Reading Remittance Advice**
- **Online Services**

What is the SBHS Program?

- The SBHS program reimburses school districts for covered health-care-related services provided to Medicaid-eligible children in Special Education. These services must:
  - Be included in the child's current Individualized Educational Program
  - Be medically necessary
  - Be provided by a licensed heath care practitioner
  - Be diagnostic, evaluative, habilitative, or rehabilitative in nature
  - Identify, treat, and manage the education-related disabilities

SBHS Program Overview

- The School-Based Health Care Services (SBHS) website is located at Washington State Health Care Authority School-Based Health Care Services for Children in Special Education
- Latest Updates
- Reminders
- Provider Update Form
- Claiming
- Provider Qualifications Requirements
- Resources
- IGT Flowchart

School-Based Health Care Services Provider Guide

- Located on HCA website: SBHS Provider Guide
- Program Overview
- Billing Information
- CDT codes
- Covered Services/Non-Covered Services
- Documentation Requirements
- Hyperlinks to appropriate websites

Provider Update Form (PUF)

- Provider Update Form due each year by October 31
- Form is located under Resources on HCA website
- Page 4 of Provider Guide has detailed instructions
- Copies of provider's license, NPI number, and transcript or degree are required for newly hired health care providers
- Complete and return the PUF by email to shanna.muirhead@hca.wa.gov or fax to (360) 725-1152.

Updated Information

- Name, title, phone, fax and email of:
  - ✓ Employee who transmits local matching funds
  - ✓ Employee who will sign the HCA Contract
  - ✓ Employee who will receive the HCA Contract
  - ✓ Special Education Director
  - ✓ If Self-Billing School, who will submit claims to Medicaid
  - ✓ Required Annually by October 31 along with PUF

Who Delivers School-Based Health Care Services?

Service	Qualified Provider
Audiology	A licensed audiologist.
Counseling	A licensed independent social worker (LiCSW). A licensed advanced social worker (LiACSW). A licensed mental health counselor (LMHC). A licensed mental health counselor associate (LMHCA) under the supervision of a licensed professional.
Nursing Services	A licensed registered nurse (RN). A licensed practical nurse (LPN) who is supervised by an RN. A non-credentialed school employee who is delegated certain limited health care tasks by an RN and is supervised according to professional practice standards.
Occupational Therapy	A licensed occupational therapist (OT). A licensed occupational therapist assistant (OTA) supervised by a licensed OT.
Physical Therapy	A licensed physical therapist (PT). A licensed physical therapist assistant (PTA) who is supervised by a licensed PT.
Psychology	A licensed psychologist.
Speech Therapy	A licensed speech-language pathologist (SLP). A speech-language pathology assistant (SLPA) who: Has graduated from a speech-language pathology assistant program from a board-approved institution. Is supervised by a speech-language pathologist with a current Certificate of Clinical Competence (CCC) and two years of work experience.

SBHS Covered Services

What is covered?

WAC 182-537-0400

- Evaluations when the child is determined to have a disability, and needs special education and health care-related services.
- Re-evaluations to determine whether a child continues to need special education and health care-related services.
- Services must be delivered by licensed health care practitioner who has been enrolled as a servicing provider under the school district's billing NPI.

SBHS Covered Services

- Covered Services:
  - ✓ Audiology services
  - ✓ Counseling services
  - ✓ Nursing services
  - ✓ Occupational therapy services
  - ✓ Physical therapy services
  - ✓ Psychological services
  - ✓ Psychological assessments
  - ✓ Speech-language therapy services

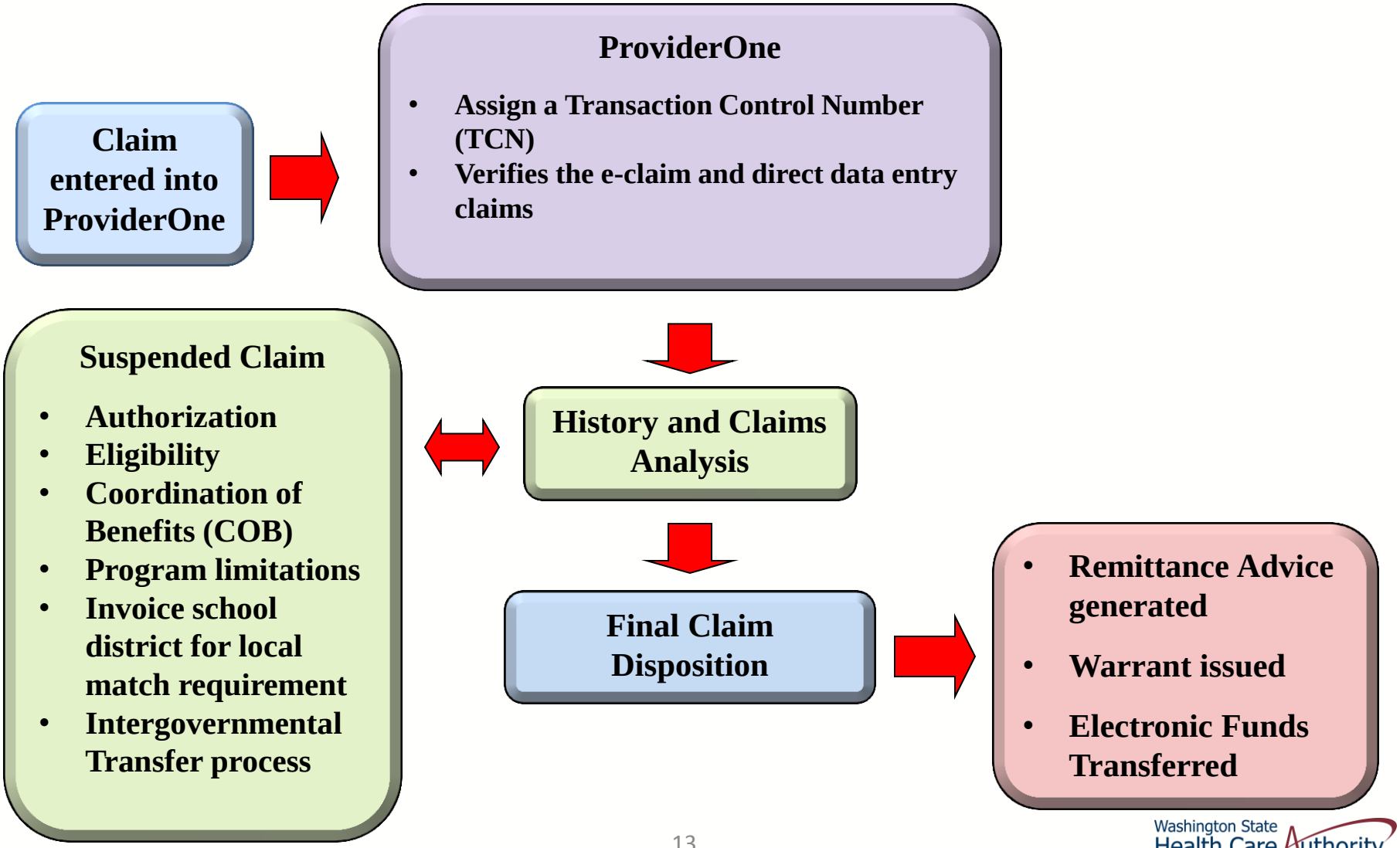
Non-Covered Services

- ✓ Applied behavioral analysis therapy
- ✓ Attending meetings
- ✓ Charting
- ✓ Equipment Preparation
- ✓ Instructional assistant contact
- ✓ Parental consultation
- ✓ Parent contact
- ✓ Planning
- ✓ Preparing & sending correspondence
- ✓ Professional consultation
- ✓ Report writing
- ✓ Review of records
- ✓ Staff accompanying child to and from school bus
- ✓ Set-up (except for pump feeding)
- ✓ Teacher contact
- ✓ Telehealth practices
- ✓ Test interpretation
- ✓ Travel & transporting
- ✓ Continuous observation

What Documentation Requirements are there for School Districts?

Sufficient documentation must support and justify the billed and paid claims, and be maintained for a minimum of six years from the date of service.

Processing a Claim



Intergovernmental Transfer Process (IGT)

- ✓ IGT Flowchart available on SBHS website: IGT Flowchart
- ✓ School districts must submit their required local matching funds within one hundred twenty (120) days from the date HCA sends an invoice to the district.
- ✓ Questions on IGT process? Contact fiscal staff directly.

What about third-party liability?

School districts may rebill a denied claim only after doing both of the following:

- ✓ Receiving a denial letter or Explanation of Benefits (EOB) from the child's primary insurance carrier.
- ✓ Forwarding the written denial with the claim to the agency's Coordination of Benefits section.

Remittance Advice

- RAs are a good source for checking compliance. The paid section of the RA can be used to check against a child's file for completed treatment notes. You will want to make sure notes have:
  - ✓ Documented activities and interventions
  - ✓ The child's name
  - ✓ The child's ProviderOne Identification
  - ✓ The child's date of birth
  - ✓ The date of service, time-in/time-out, and the number of billed units
  - ✓ Identified if treatment was for individual or group therapy (if applicable)

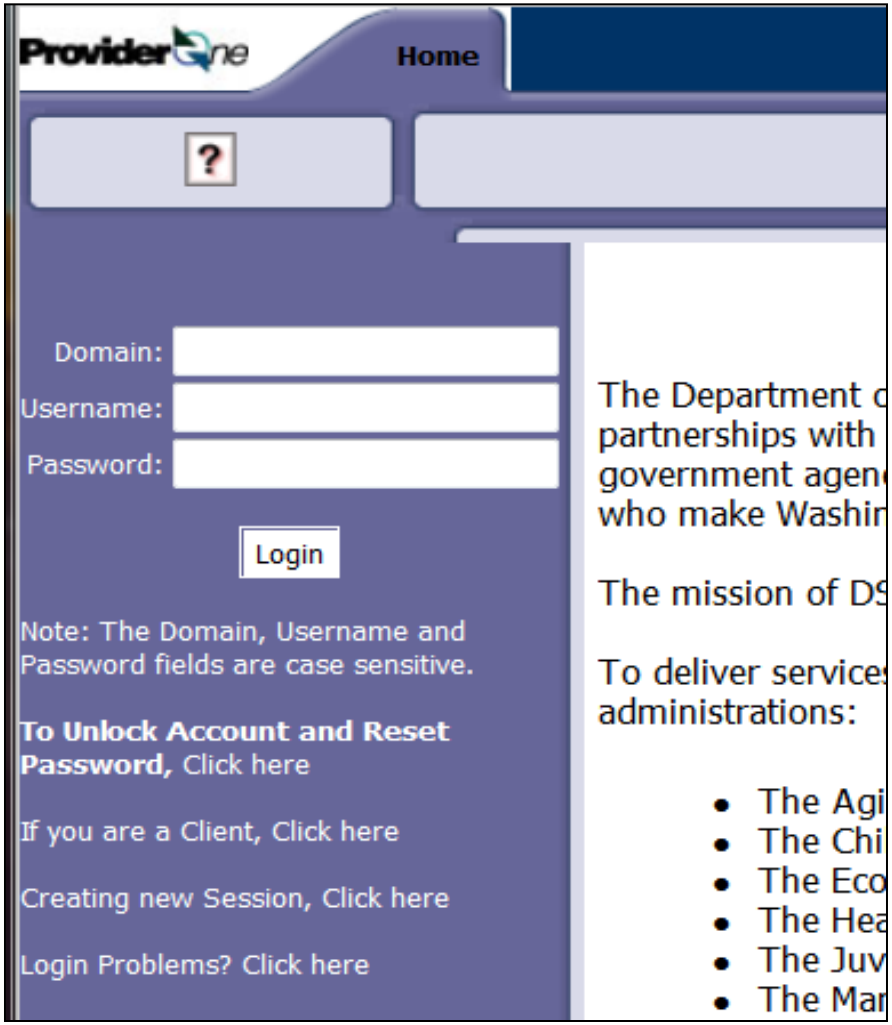
Accessing ProviderOne

Accessing ProviderOne

- Before logging into ProviderOne:
  - ✓ Make sure you are using Microsoft Internet Explorer version 6.0 and above
  - ✓ Turn **OFF** the Pop Up Blocker
  - ✓ Make sure you are using a PC (MACs are not supported by ProviderOne)

Accessing ProviderOne

- ✓ Use web address https://www.waproviderone.org
- ✓ Ensure that your system **"Pop Up Blocker"** is turned **"OFF"**
- ✓ Login using assigned Domain, Username, and Password
- ✓ Click on the **"Login"** button



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ProviderOne Users

HCA establishes System Administrators for your domain/NPI

- A System Administrator can assign profiles to other users as necessary
- Staff can be assigned one or more security profiles to meet their job duties and provide them the level of access necessary in the system.

ProviderOne Security web page link:
http://www.hca.wa.gov/medicaid/providerone/pages/phase1/security.aspx

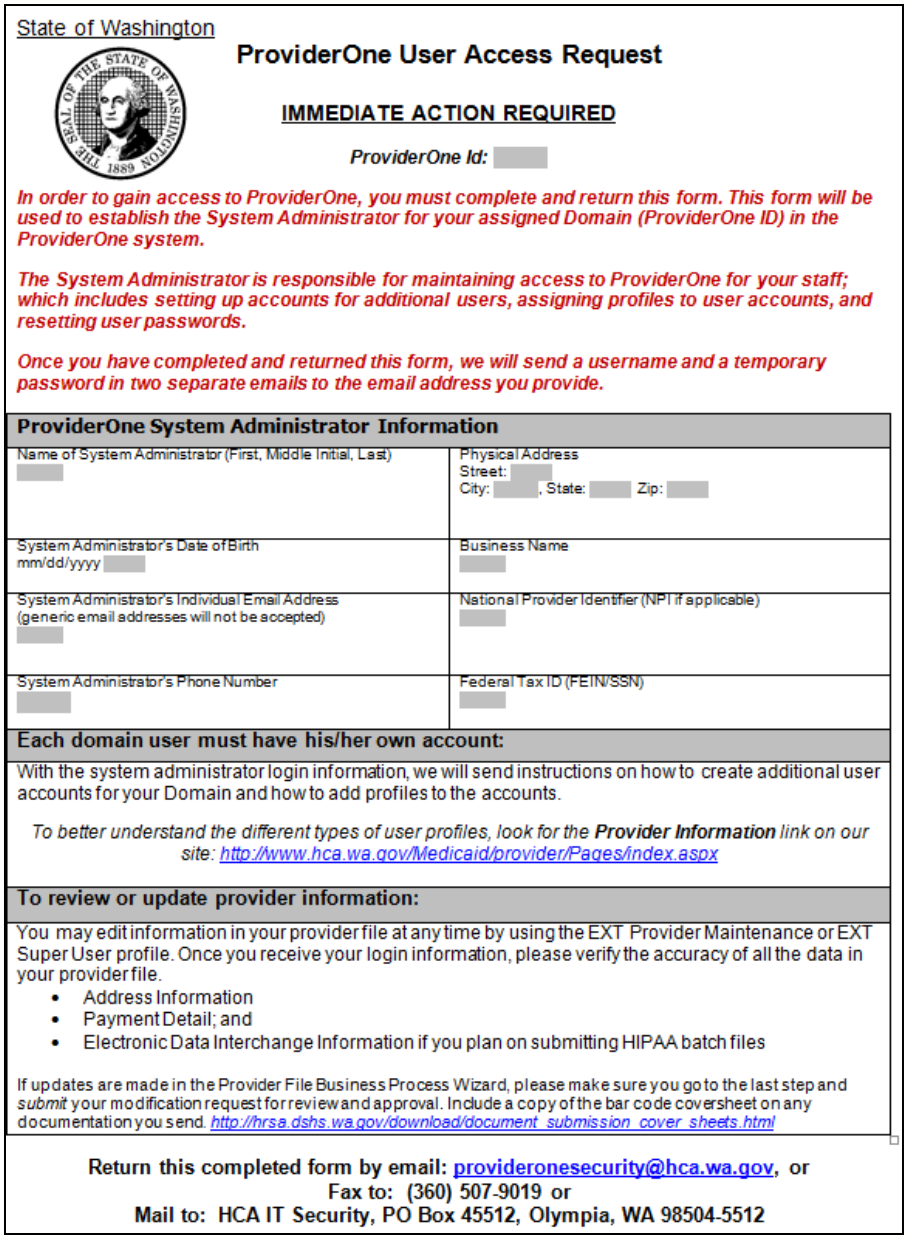
How to Get Access in ProviderOne

- Review the ProviderOne Security Manual at http://www.hca.wa.gov/medicaid/providerone/pages/phase1/security.aspx

- New provider and don't have the form? Email ProviderOne Security at: providerone security@hca.wa.gov (in the subject line enter "Request for ProviderOne User Access Request form")

How to Get Access in ProviderOne

- The ProviderOne User Access Request form is for a newly enrolled Facility, Clinic, Individual Provider, or a new Office Administrator.
- Complete the form and fax to: 360-507-9019.
- If changing System Administrators, a letter on office correspondence must also be completed and faxed with the form.



State of Washington

ProviderOne User Access Request

IMMEDIATE ACTION REQUIRED

ProviderOne Id:

In order to gain access to ProviderOne, you must complete and return this form. This form will be used to establish the System Administrator for your assigned Domain (ProviderOne ID) in the ProviderOne system.

The System Administrator is responsible for maintaining access to ProviderOne for your staff; which includes setting up accounts for additional users, assigning profiles to user accounts, and resetting user passwords.

Once you have completed and returned this form, we will send a username and a temporary password in two separate emails to the email address you provide.

ProviderOne System Administrator Information	
Name of System Administrator (First, Middle Initial, Last)	Physical Address Street: City: , State: Zip:
System Administrator's Date of Birth mm/dd/yyyy	Business Name
System Administrator's Individual Email Address (generic email addresses will not be accepted)	National Provider Identifier (NPI if applicable)
System Administrator's Phone Number	Federal Tax ID (FEIN/SSN)

Each domain user must have his/her own account:

With the system administrator login information, we will send instructions on how to create additional user accounts for your Domain and how to add profiles to the accounts.

*To better understand the different types of user profiles, look for the **Provider Information** link on our site: http://www.hca.wa.gov/Medicaid/provider/Pages/index.aspx*

To review or update provider information:

You may edit information in your provider file at any time by using the EXT Provider Maintenance or EXT Super User profile. Once you receive your login information, please verify the accuracy of all the data in your provider file.

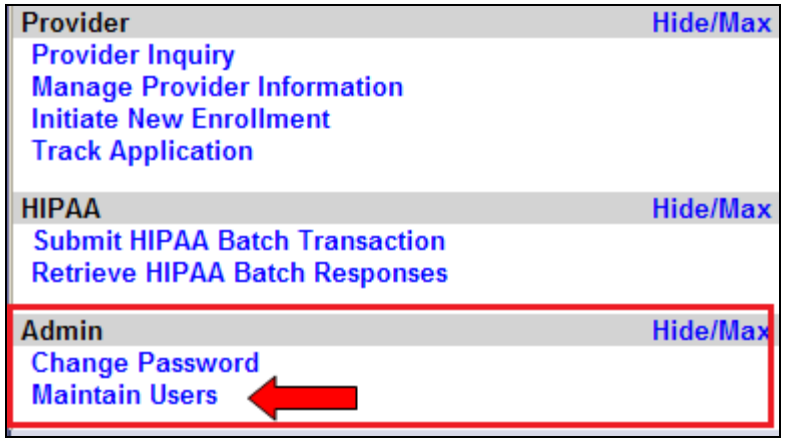
- Address Information
- Payment Detail; and
- Electronic Data Interchange Information if you plan on submitting HIPAA batch files

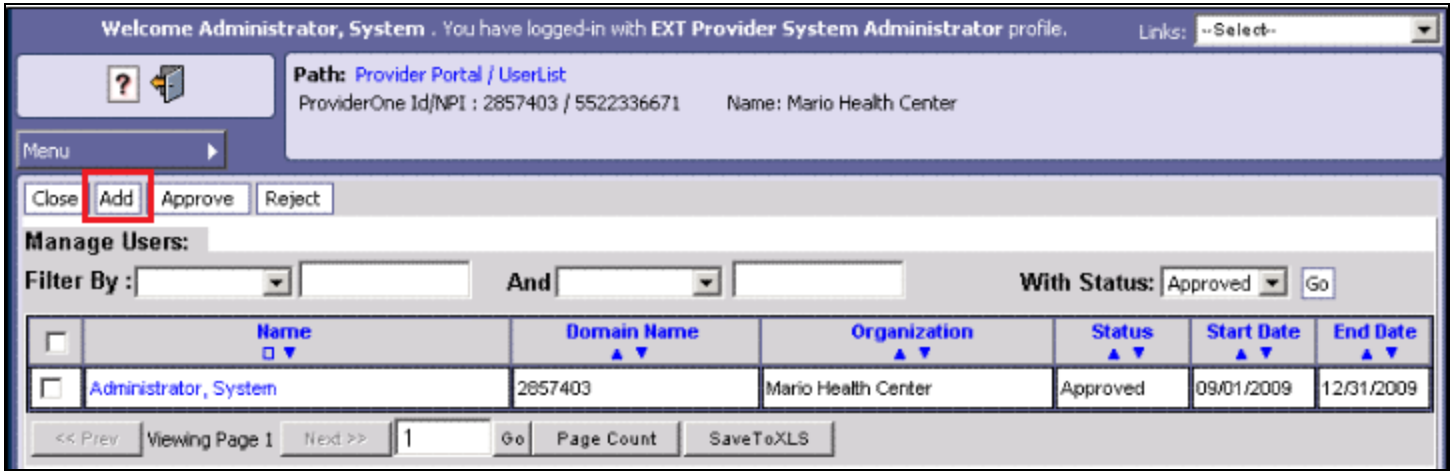
If updates are made in the Provider File Business Process Wizard, please make sure you go to the last step and *submit* your modification request for review and approval. Include a copy of the bar code coversheet on any documentation you send. http://hrsa.dshs.wa.gov/download/document_submission_cover_sheets.html

Return this completed form by email: provideronesecurity@hca.wa.gov, or
Fax to: (360) 507-9019 or
Mail to: HCA IT Security, PO Box 45512, Olympia, WA 98504-5512

How to Set Up a User

- Log in with the **System Administrator** Profile
- Click on **Maintain Users**
- The system now displays the User List screen
- Click on the **Add** button





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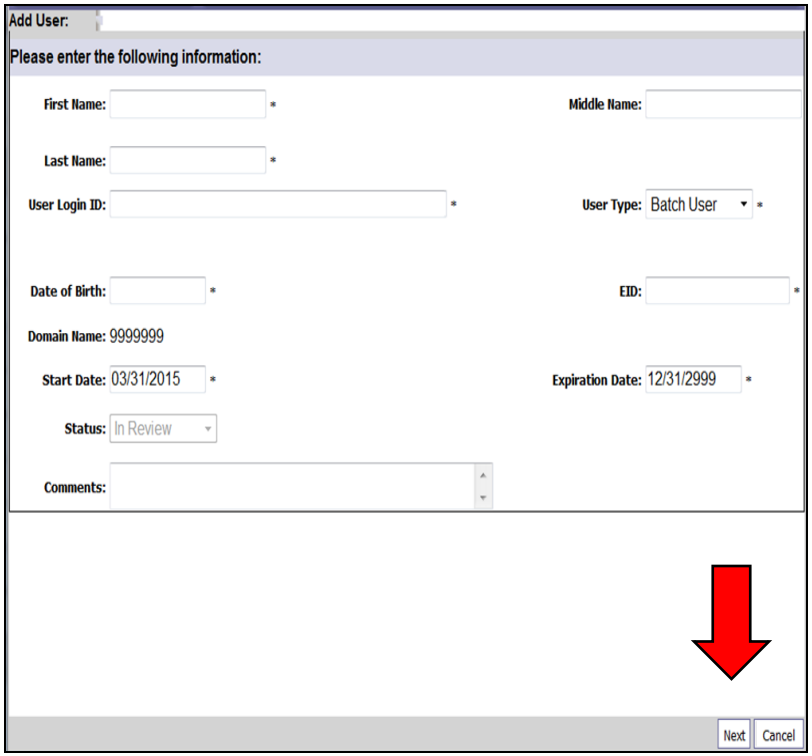
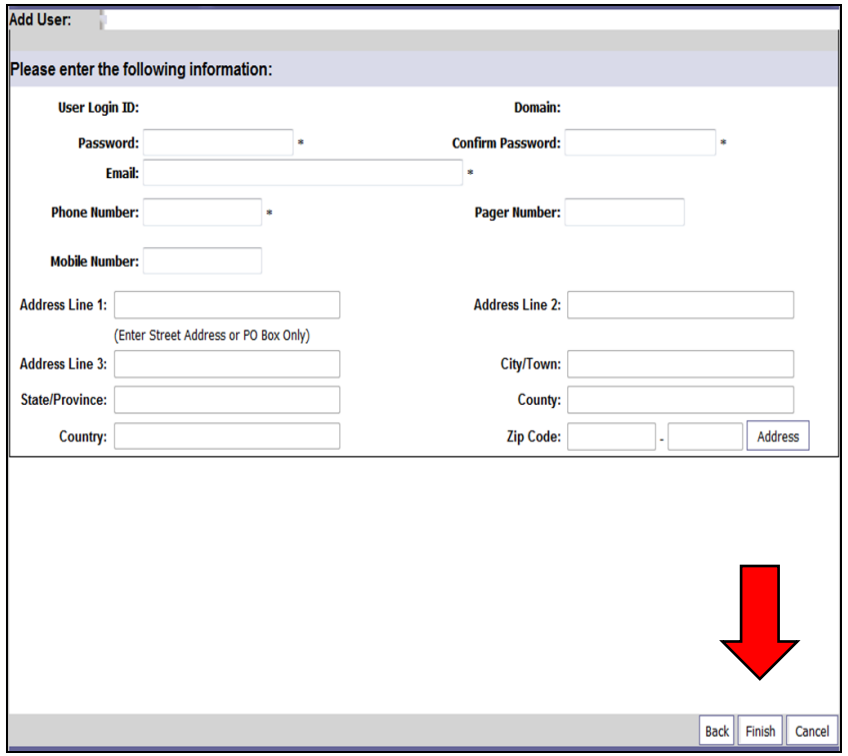
How to Set Up a User

- Adding a user





- Fill in all required boxes that have an asterisk *
- The address is not needed here

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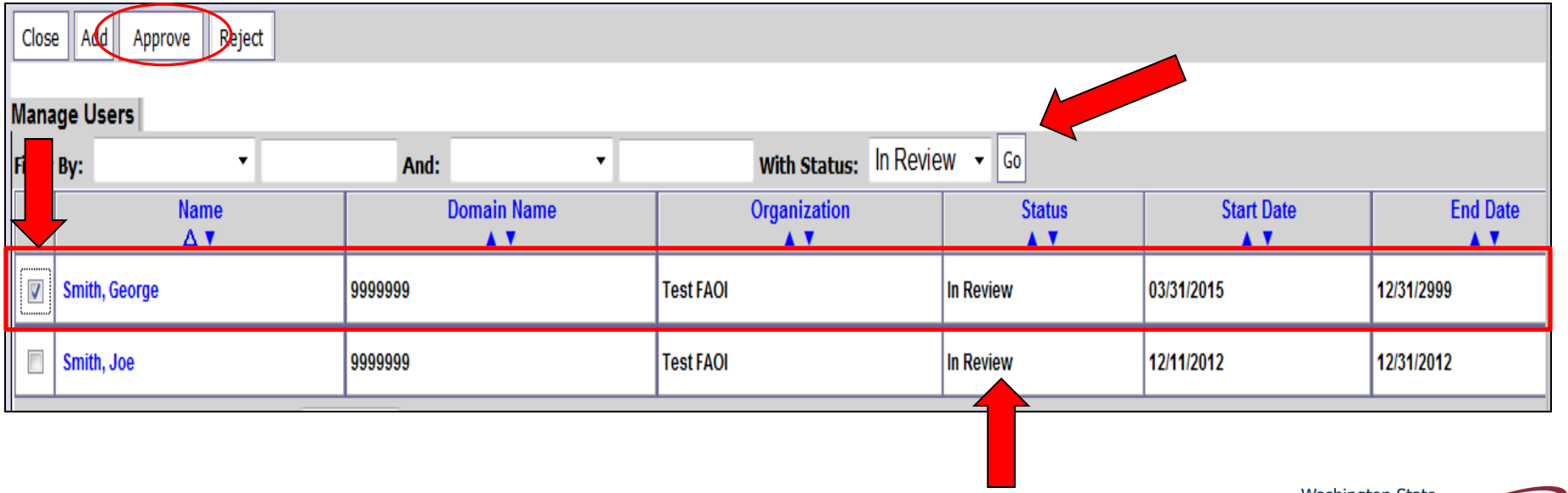
How to Set Up a User

- To display the new user
  - ✓ In the **With Status** dropdown, select **In Review** and click **Go**
  - ✓ The user's name is displayed with In Review status.
  - ✓ Click the box next to the user's name, then click the **Approve** button.



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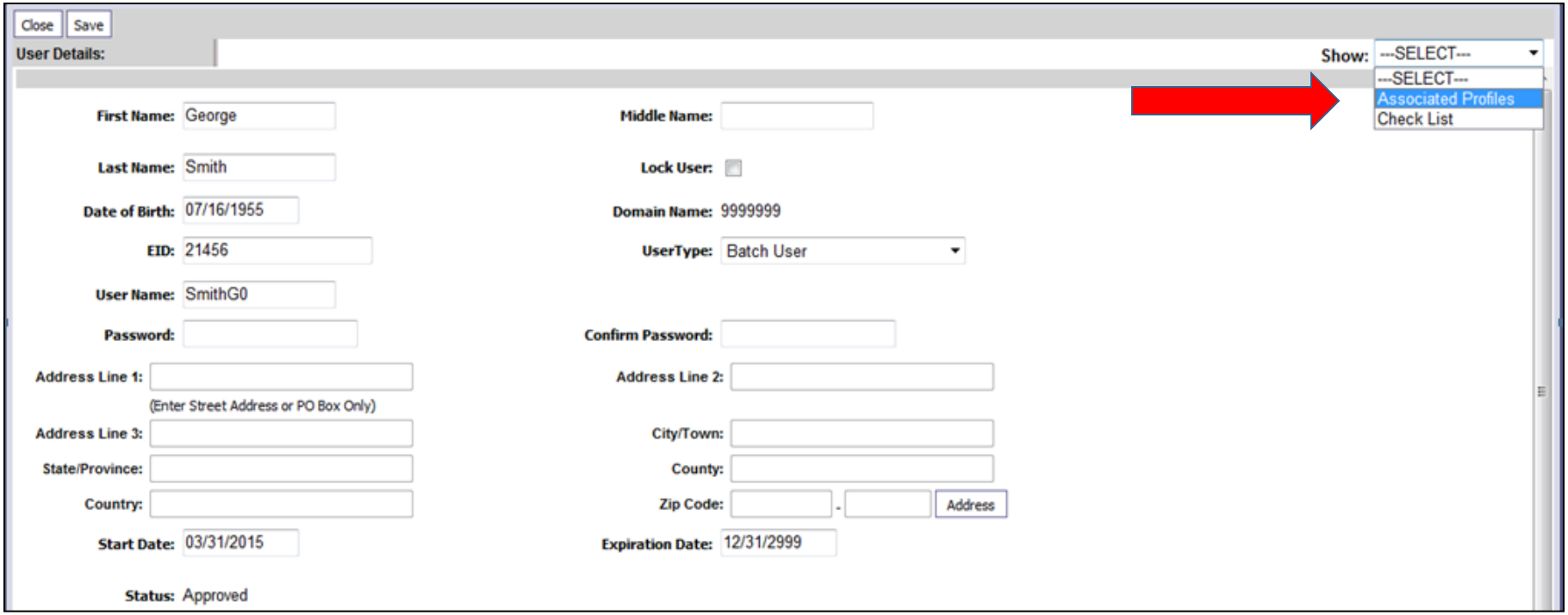
How to Set Up a User

- Adding Profiles
  - ✓ Click on the user's name to access User Details.



  - ✓ On the Show menu click on **Associated Profiles.**

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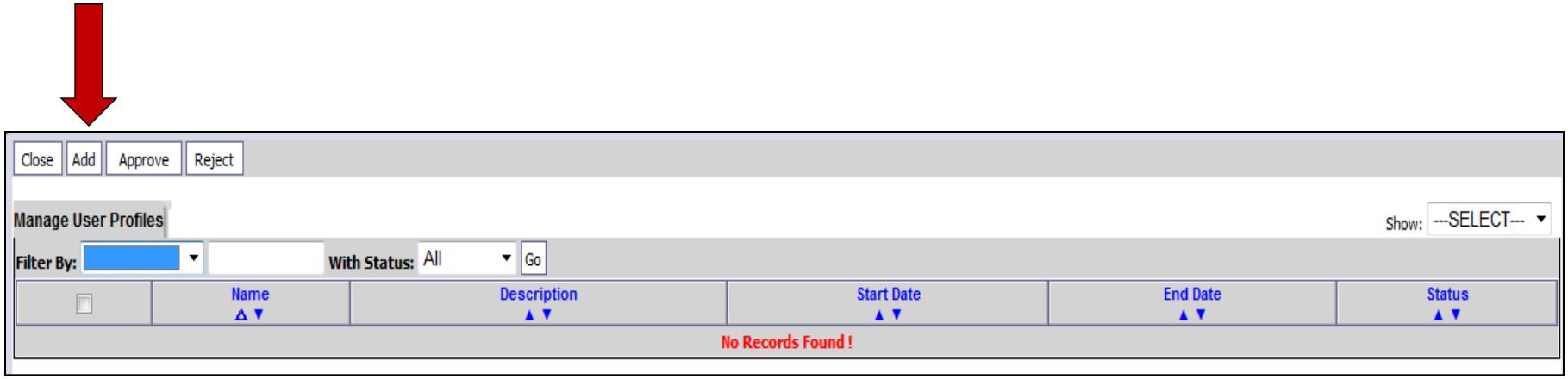
How to Set Up a User

- Adding Profiles
  - ✓ Click on the **Add** button to select profiles



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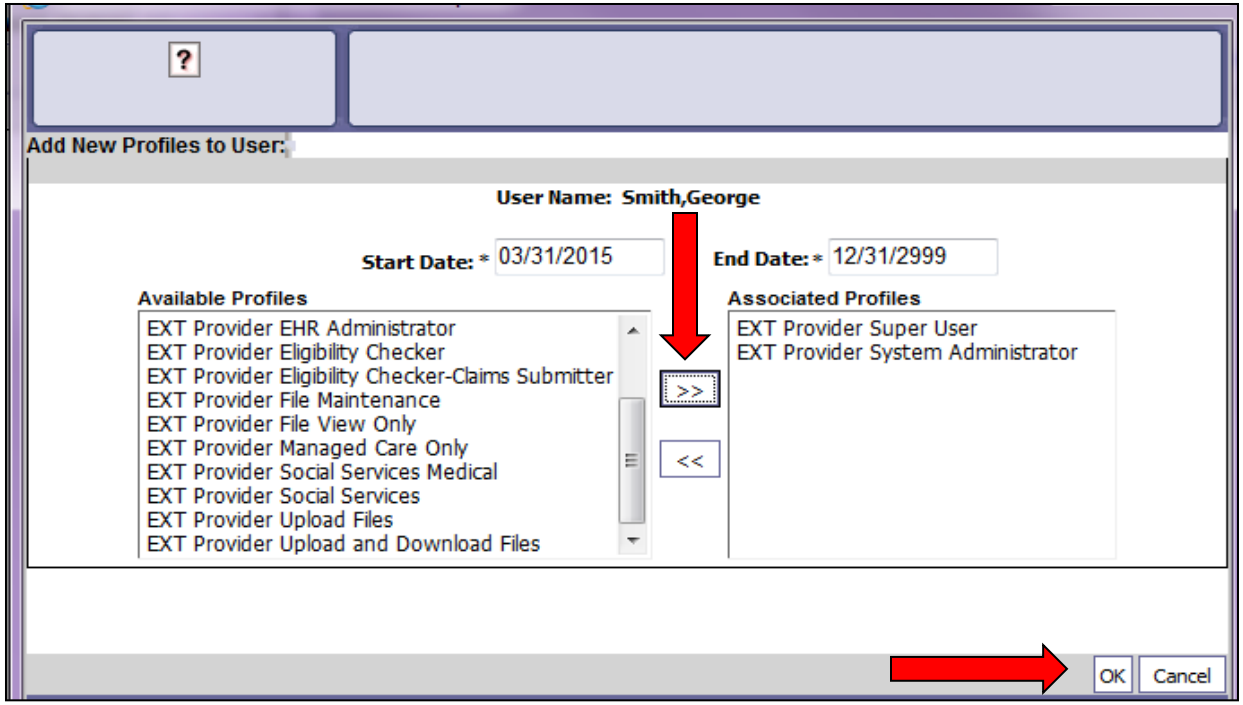
How to Set Up a User

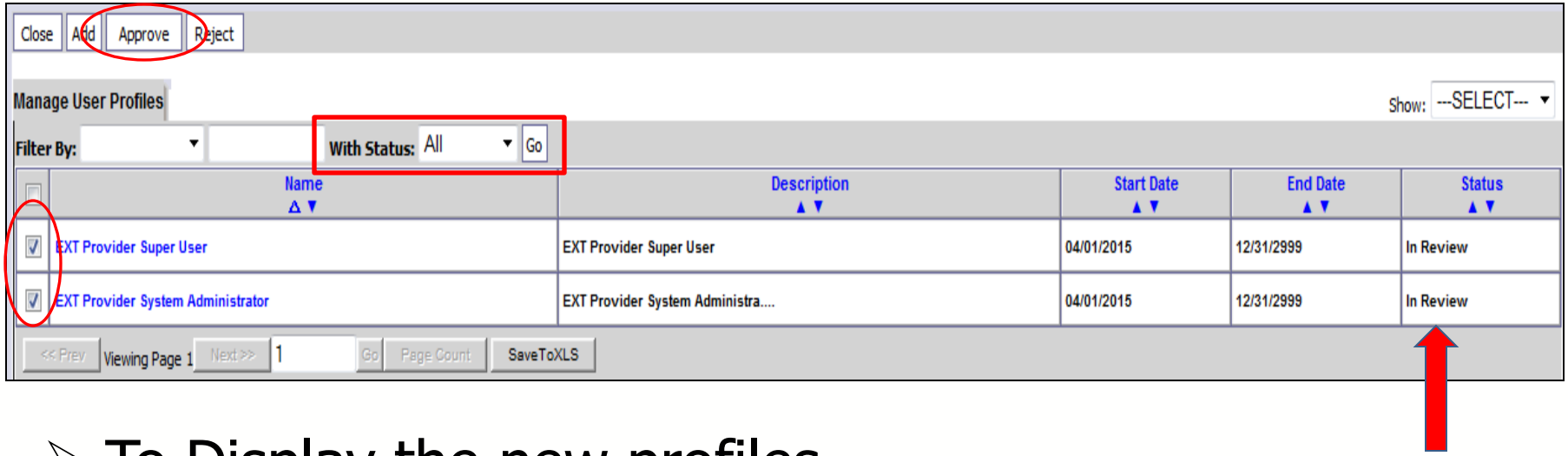
➢ Adding Profiles



- ✓ Highlight Available Profiles desired
- ✓ Click **double arrow button** and move to Associated Profiles box then click the **OK** button.

How to Set Up a User

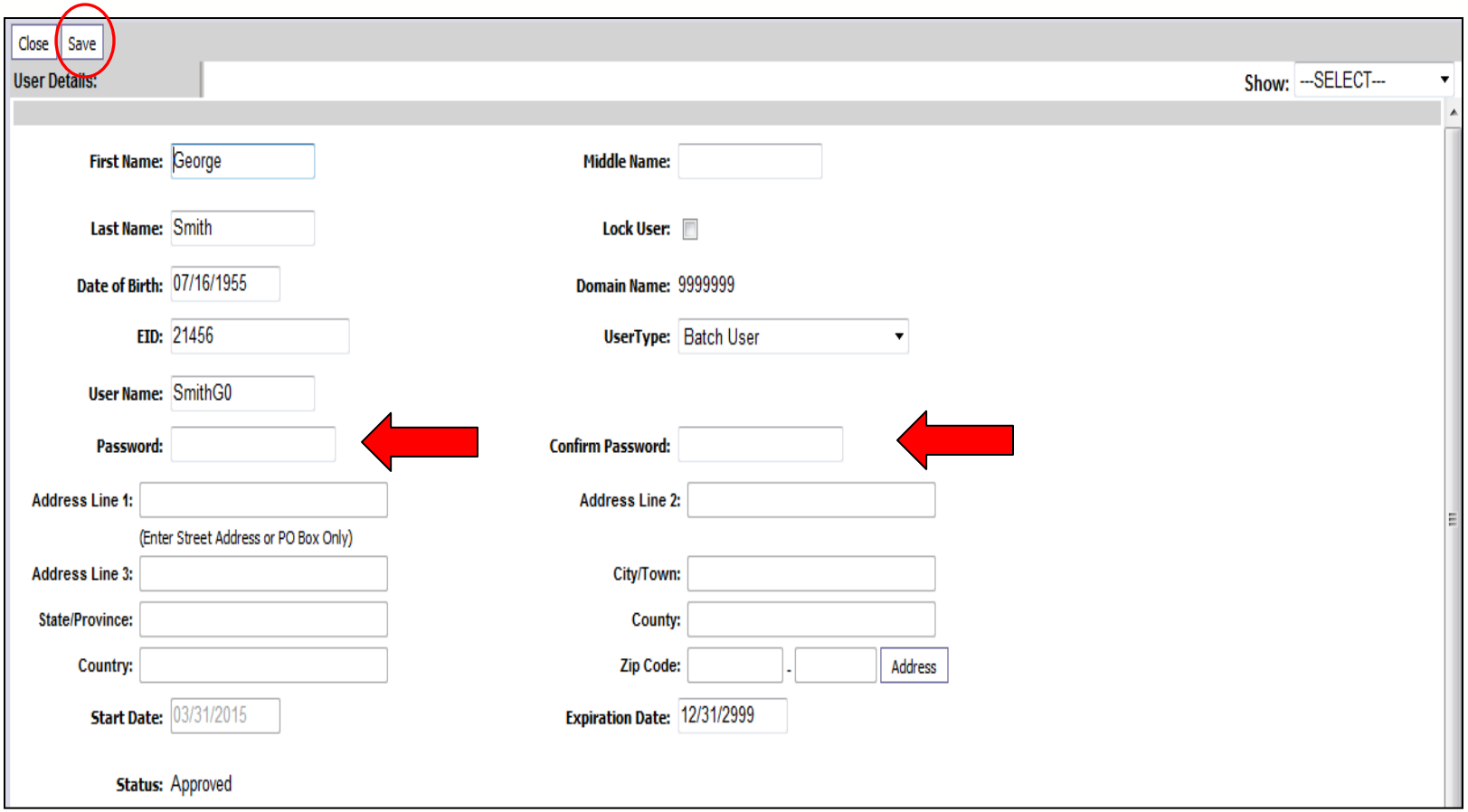
- Adding Profiles



- To Display the new profiles
  - ✓ The **With Status** dropdown box should state **All**. Click **Go**.
  - ✓ The profiles are displayed with **In Review** status.
  - ✓ Click the box next to the profile name, then click the **Approv**e button. Profiles will then be approved.

How to Set Up a User

- Setting up a user's password
  - ✓ Enter the new temporary password and click **Save**



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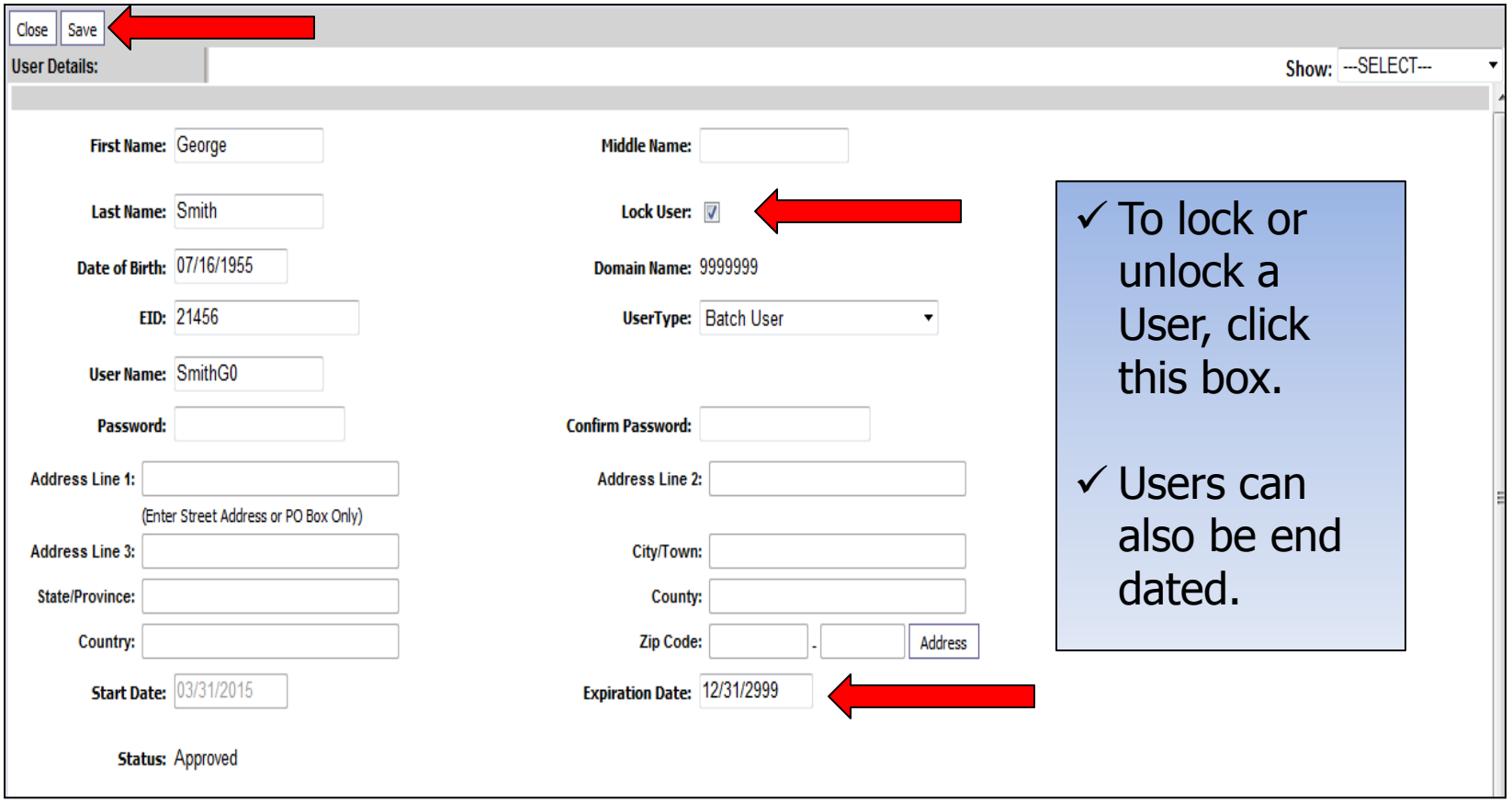
How to Manage a User

- How to lock or end date a user



- ✓ To lock or unlock a User, click this box.
- ✓ Users can also be end dated.

- Click **Save**

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How can we help?

Provider Enrollment

- Assistance with enrollment of billing & servicing providers can be contacted at **800-562-3022 ext. 16137.**

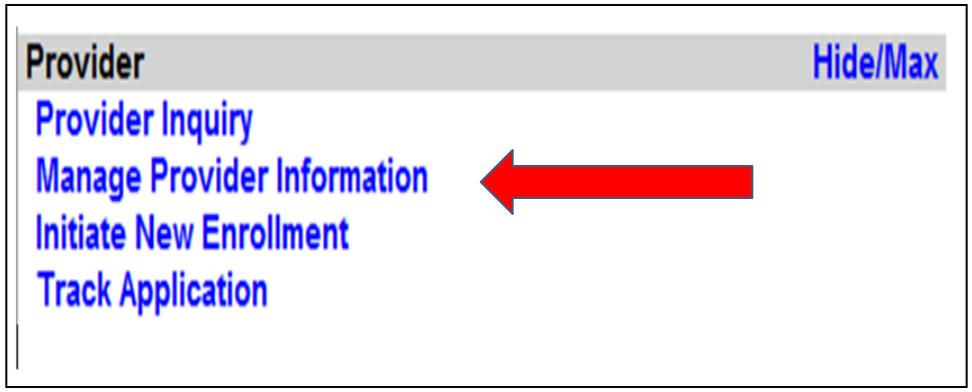
User profiles

- Provider Relations Unit can assist in a variety of formats tailored to individual needs. To request assistance, send email to providerrelations@hca.wa.gov

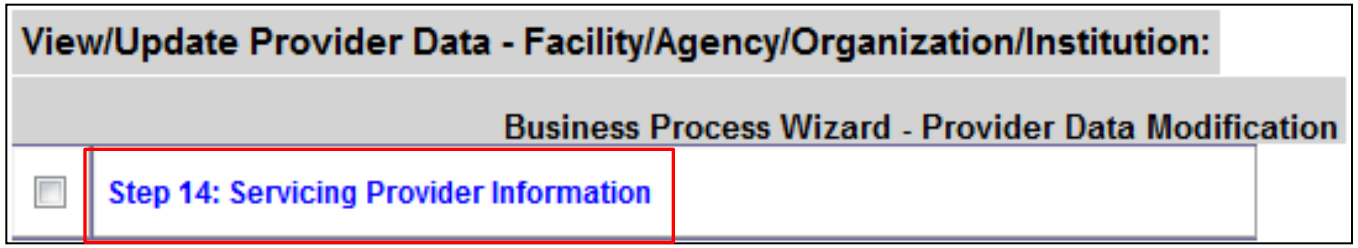
Enroll an Existing Rendering Provider

Enroll an Existing Rendering Provider

- Log into ProviderOne using the **File Maintenance or Super User profile**



- ✓ Under Provider click on the hyperlink **Manage Provider Information**
- ✓ At the Business Process Wizard click on **Step 14: Servicing Provider Information**



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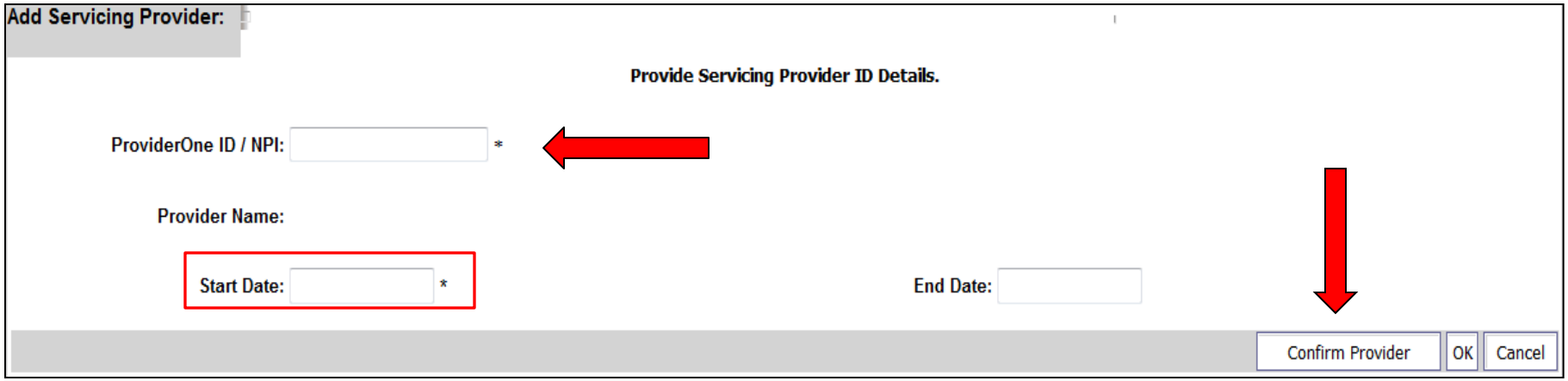
Enroll an Existing Rendering Provider

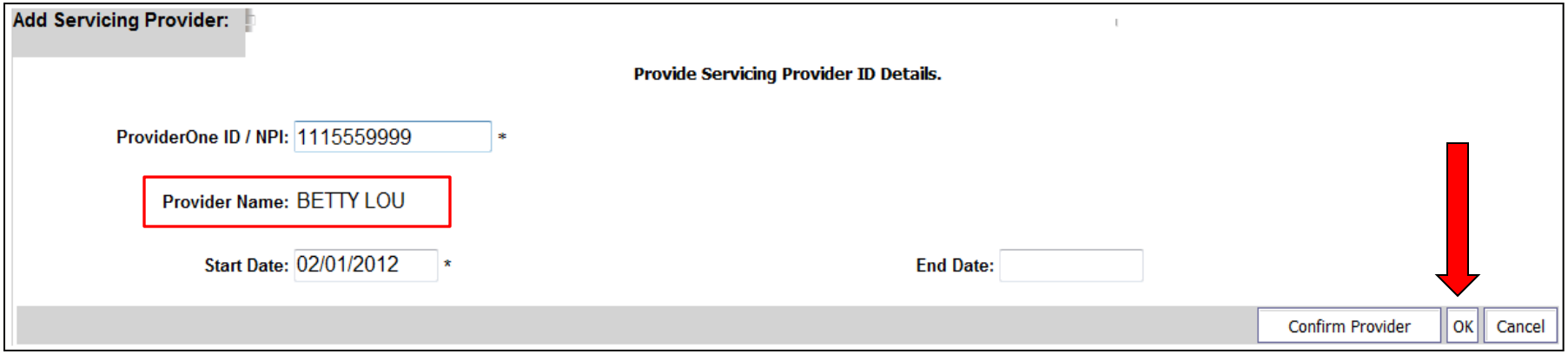
- When the Servicing Provider List opens, click on the **Add** button.



- At the Add screen:
  - ✓Enter the provider's NPI
  - ✓Enter their start date at your clinic
  - ✓Click on the **Confirm Provider** button

Enroll an Existing Rendering Provider

- If the provider is already entered in ProviderOne - their name will be confirmed

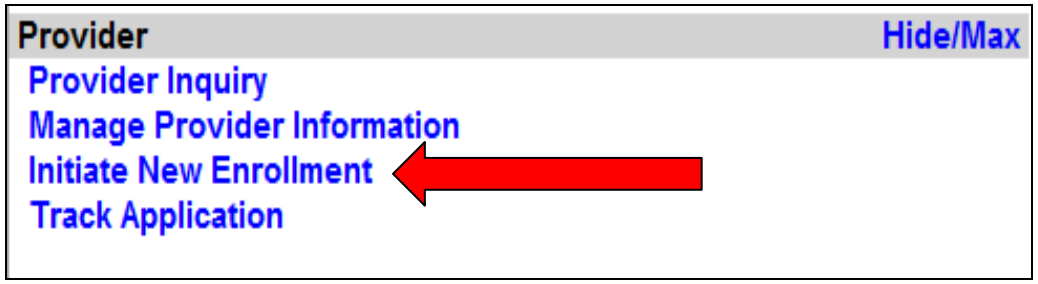


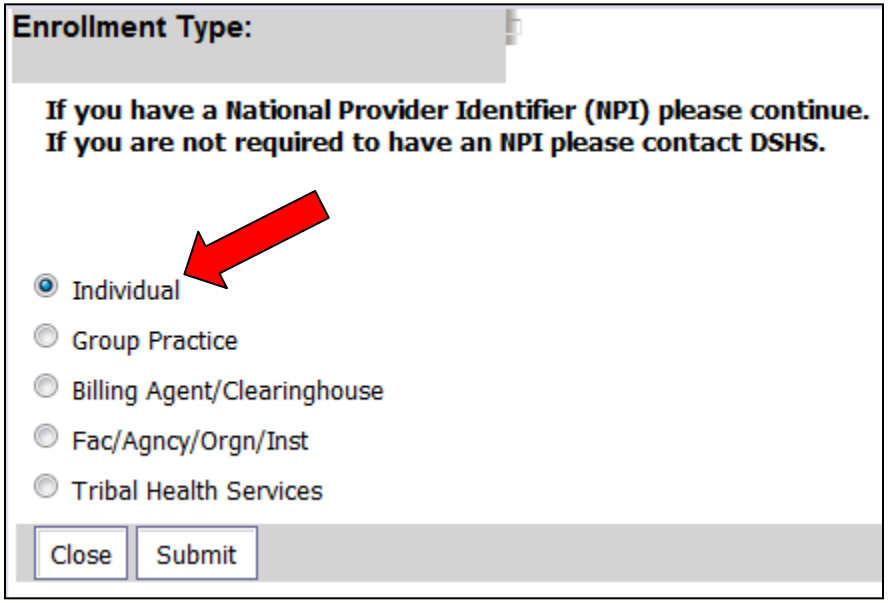
- Click the **OK** button to add the provider to your list
- Remember to click **Step 16: Submit Modification for Review**
- Your modification request will be reviewed and worked in chronological order

Enroll a New Rendering Provider

Enrolling a New Rendering Provider

- On the Provider Portal, select the **Initiate New Enrollment** hyperlink

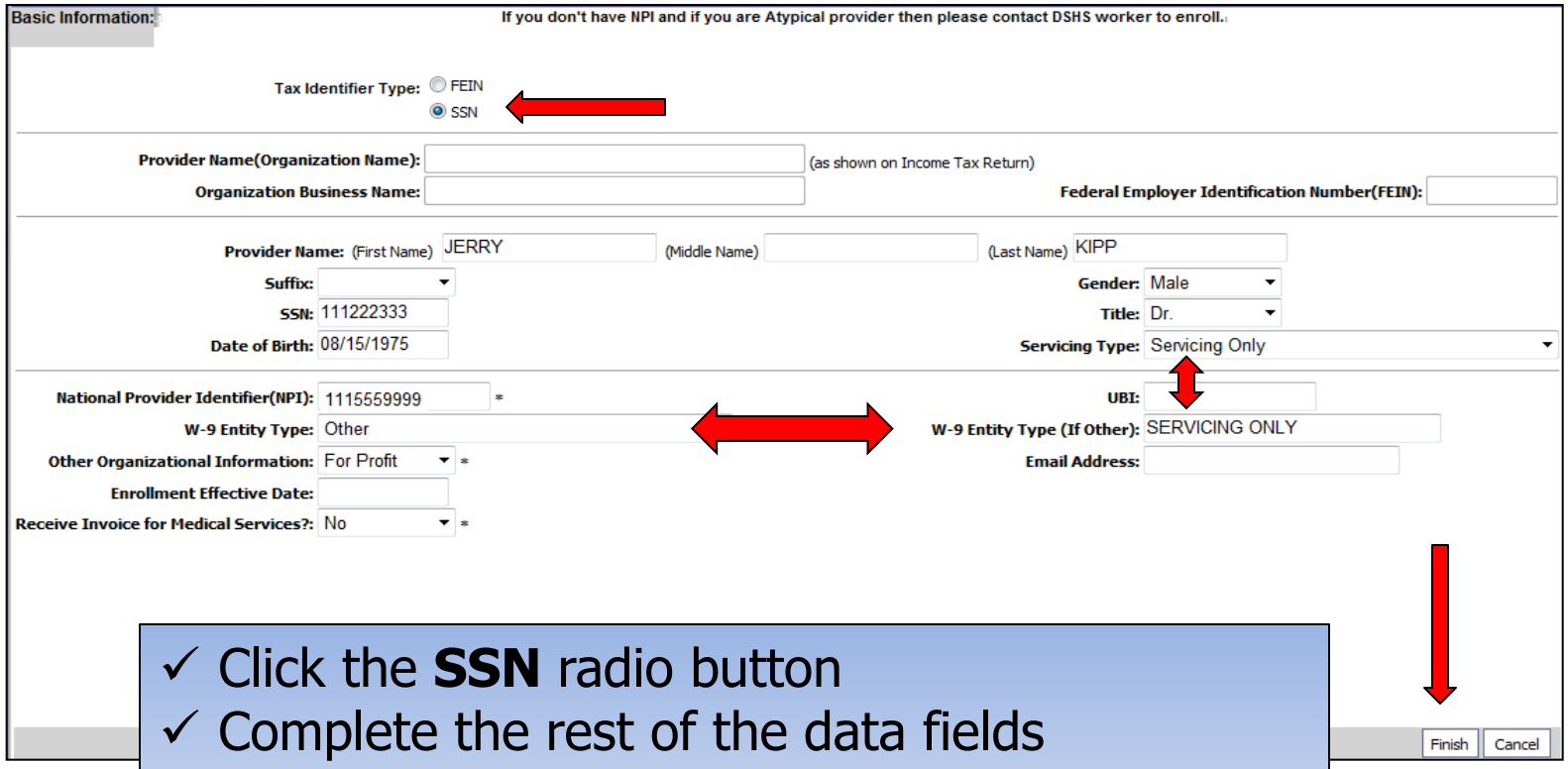




- ✓ Click on **Individual** to start a new enrollment for the rendering/servicing provider.

Enrolling a New Rendering Provider

- At the Basic Information page for the rendering provider enrollment:



- ✓ Click the **SSN** radio button
- ✓ Complete the rest of the data fields
- ✓ For the **W-9 Entity Type**, choose **Other**
- ✓ Select **Servicing Only** as the Servicing Type
- ✓ Once complete, click **Finish**

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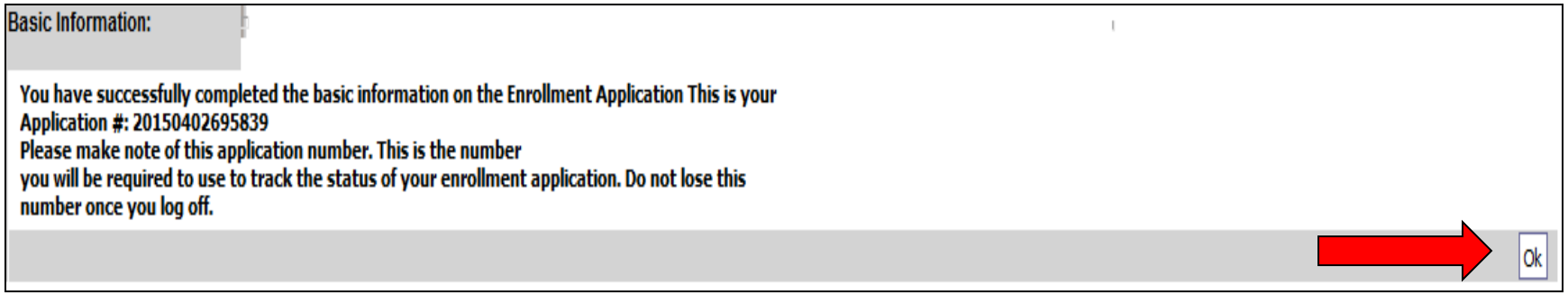
Enrolling a New Rendering Provider

- Once the fields are completed on the Basic Information screen, the enrollment application is submitted into ProviderOne which generates an Application number



- Be sure to record this application number for use in tracking the status of the enrollment application
- Click **OK**

Enrolling a New Rendering Provider

- The Business Process Wizard - Step 1 shows complete

Close | Required Credentials | Purge

Important - Step 10: Add EDI Submission Method is REQUIRED if FTP/Web Batch Submitter or Retrieving 835s.

Enroll Provider -Individual:

Business Process Wizard-Provider Enrollment (Individual). Click

Step	Required	Start Date	End Date	Status
Step 1: Provider Basic Information	Required	04/02/2015	04/02/2015	Complete
Step 2: Add Locations	Not Required			Incomplete
Step 3: Add Specializations	Required			Incomplete
Step 4: Ownership & Managing/Controlling Interest details	Not Required			Incomplete
Step 5: Add Licenses and Certifications	Optional			Incomplete
Step 6: Add Training and Education	Optional			Incomplete
Step 7: Add Identifiers	Optional			Incomplete
Step 8: Add Contract Details	Not Required			Incomplete
Step 9: Add Federal Tax Details	Optional			Incomplete
Step 10: Add EDI Submission Method	Not Required			Incomplete
Step 11: Add EDI Billing Software Details	Not Required			Incomplete
Step 12: Add EDI Submitter Details	Not Required			Incomplete
Step 13: Add EDI Contact Information	Not Required			Incomplete
Step 14: Add Billing Provider Details	Optional			Incomplete
Step 15: Add Payment and Remittance Details	Not Required			Incomplete
Step 16: Complete Enrollment Checklist	Required			Incomplete
Step 17: Submit Enrollment Application for Review	Required			Incomplete

- The steps indicated as "Required" are a reflection of the W-9 Entity Type selected on the Basic Information screen

Enrolling a New Rendering Provider

- The required steps for "Servicing Only" are:

Close | Required Credentials | Purge

Important - Step 10: Add EDI Submission Method is REQUIRED if FTP/Web Batch Submitter or Retrieving 835s.

Enroll Provider -Individual:

Business Process Wizard-Provider Enrollment (Individual). Click

Step	Required	Start Date	End Date	Status
Step 1: Provider Basic Information	Required	04/02/2015	04/02/2015	Complete
Step 2: Add Locations	Not Required			Incomplete
Step 3: Add Specializations	Required			Incomplete
Step 4: Ownership & Managing/Controlling Interest details	Not Required			Incomplete
Step 5: Add Licenses and Certifications	Optional			Incomplete
Step 6: Add Training and Education	Optional			
Step 7: Add Identifiers	Optional			
Step 8: Add Contract Details	Not Required			
Step 9: Add Federal Tax Details	Optional			
Step 10: Add EDI Submission Method	Not Required			
Step 11: Add EDI Billing Software Details	Not Required			Incomplete
Step 12: Add EDI Submitter Details	Not Required			Incomplete
Step 13: Add EDI Contact Information	Not Required			Incomplete
Step 14: Add Billing Provider Details	Optional			Incomplete
Step 15: Add Payment and Remittance Details	Not Required			Incomplete
Step 16: Complete Enrollment Checklist	Required			Incomplete
Step 17: Submit Enrollment Application for Review	Required			Incomplete

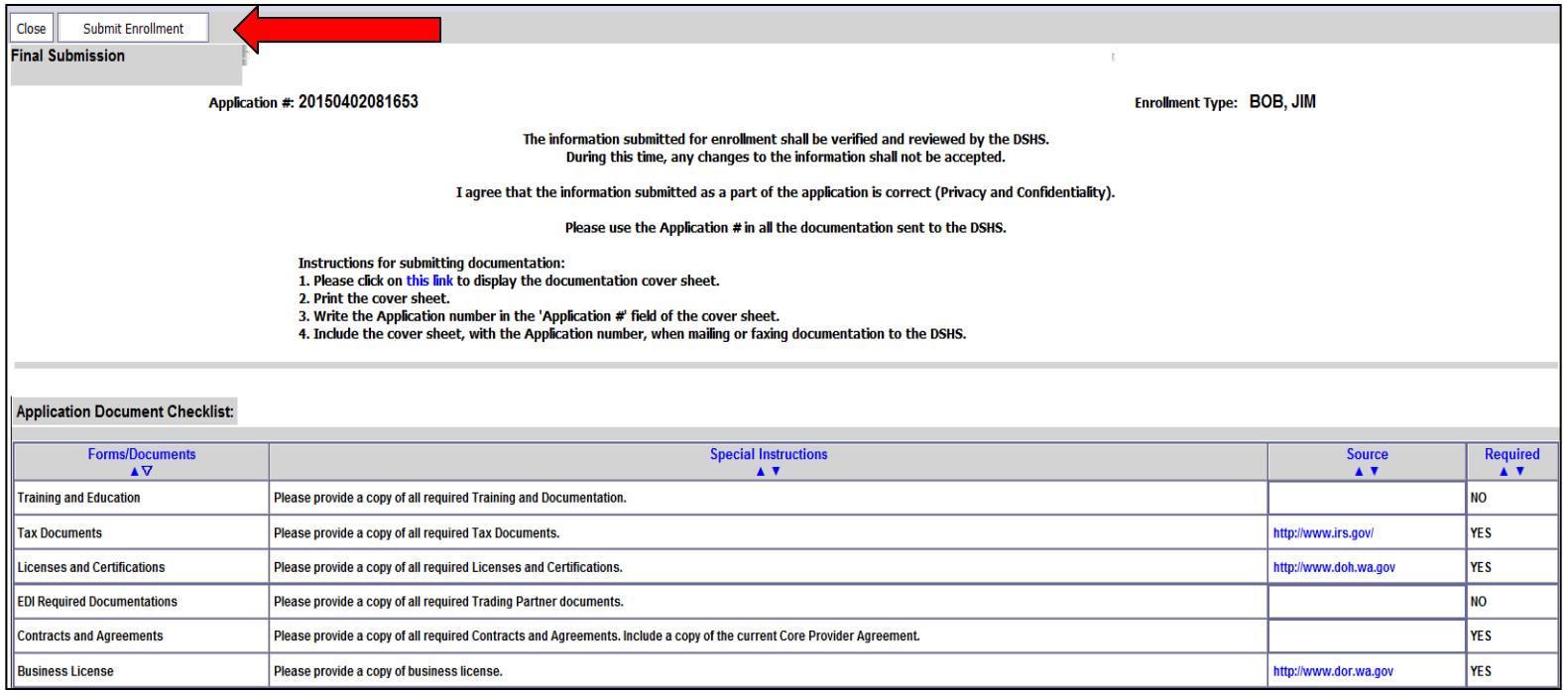
Optional steps will change to "Required "depending on your entry.

Enrolling a New Rendering Provider

- Step 3: Specializations
  - Add Taxonomy here
- Step 5: Licenses and Certifications
  - Enter license/certification issued by the Department of Health
- Step 7: Identifiers
  - DEA number (if applicable)
- Step 14: Billing Provider Details
  - Add the NPI and Name of clinic that will bill for this rendering provider's services
- Step 16: Complete Enrollment Checklist
  - Answer questions displayed
  - Click **Save** and then **Close**

Enrolling a New Rendering Provider

- Step 17: Submit Modification for Review
  - Click this step to initiate sending the enrollment
  - Click the **Submit Enrollment** button



Forms/Documents	Special Instructions	Source	Required
Training and Education	Please provide a copy of all required Training and Documentation.		NO
Tax Documents	Please provide a copy of all required Tax Documents.	http://www.irs.gov/	YES
Licenses and Certifications	Please provide a copy of all required Licenses and Certifications.	http://www.doh.wa.gov	YES
EDI Required Documentations	Please provide a copy of all required Trading Partner documents.		NO
Contracts and Agreements	Please provide a copy of all required Contracts and Agreements. Include a copy of the current Core Provider Agreement.		YES
Business License	Please provide a copy of business license.	http://www.dor.wa.gov	YES

- Send in all required supporting documentation (CPA, Certifications, etc.)

How can we help?

Provider Enrollment

- Assists with enrollment of billing/servicing providers
- Can be contacted at 800-562-3022, ext. 16137
- To request assistance via email: providerenrollment@hca.wa.gov

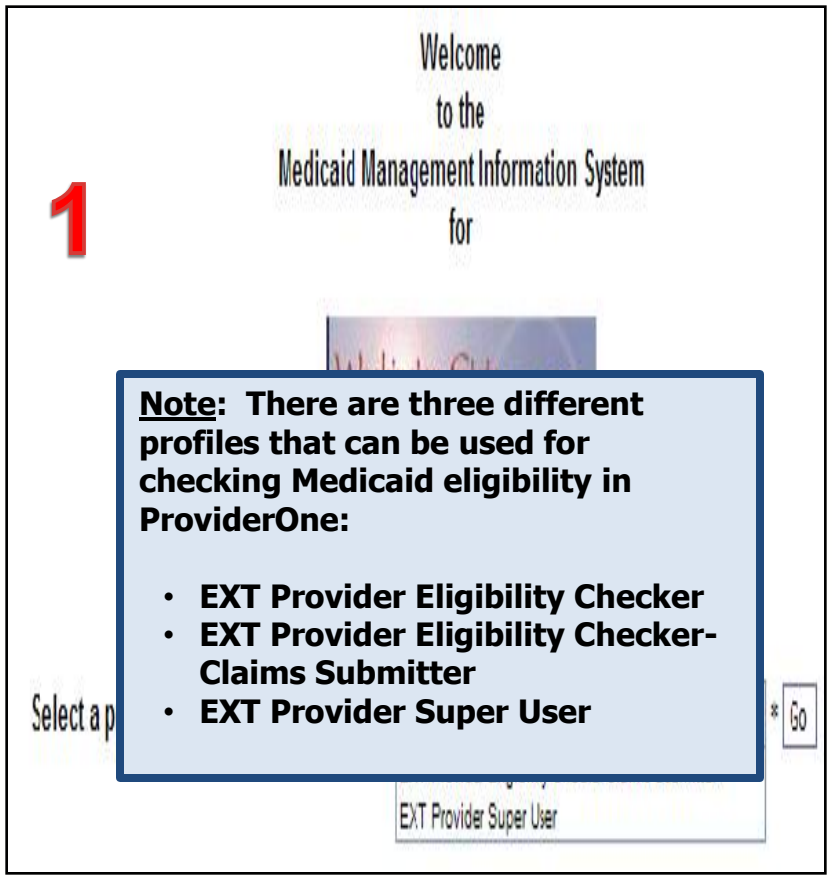
User Profiles

- Provider Relations can assist in a variety of formats tailored to individual needs
- To request assistance, send email to: providerrelations@hca.wa.gov

Checking Medicaid Eligibility

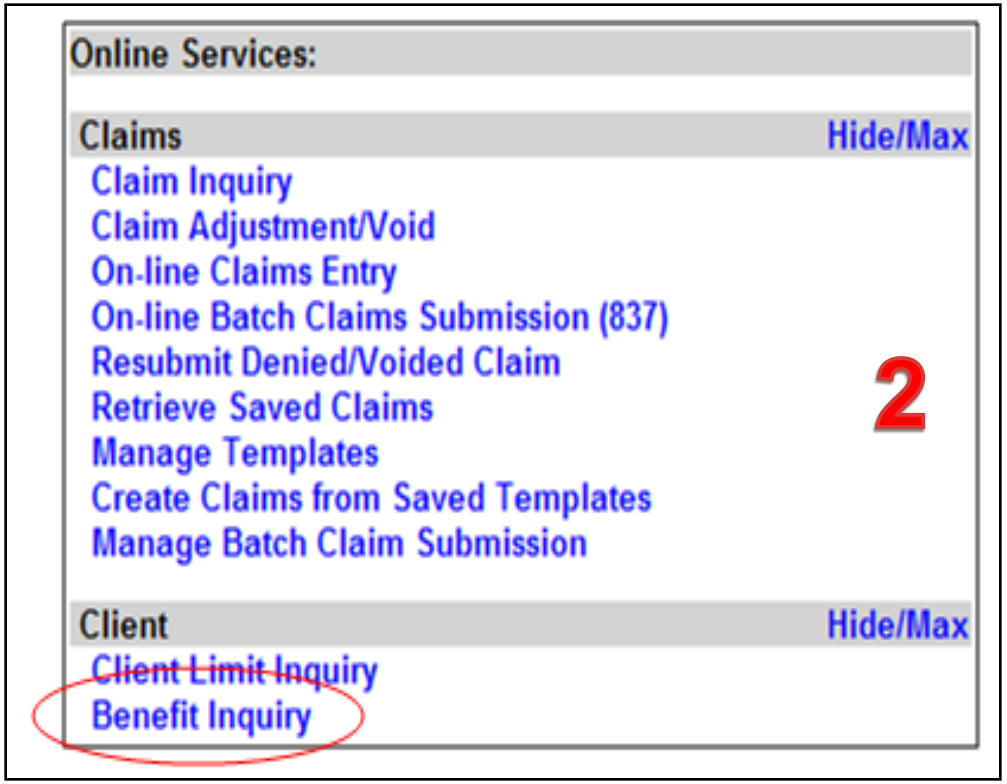
How Do I Check Eligibility In ProviderOne

Select the proper user profile



Note: There are three different profiles that can be used for checking Medicaid eligibility in ProviderOne:

- **EXT Provider Eligibility Checker**
- **EXT Provider Eligibility Checker-Claims Submitter**
- **EXT Provider Super User**

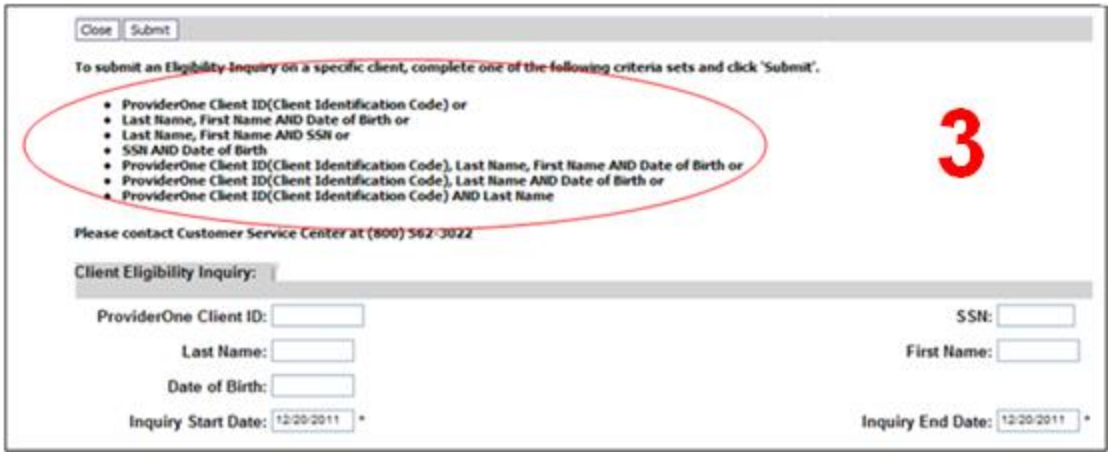


Select **Benefit Inquiry** under the Client section of the Provider Portal

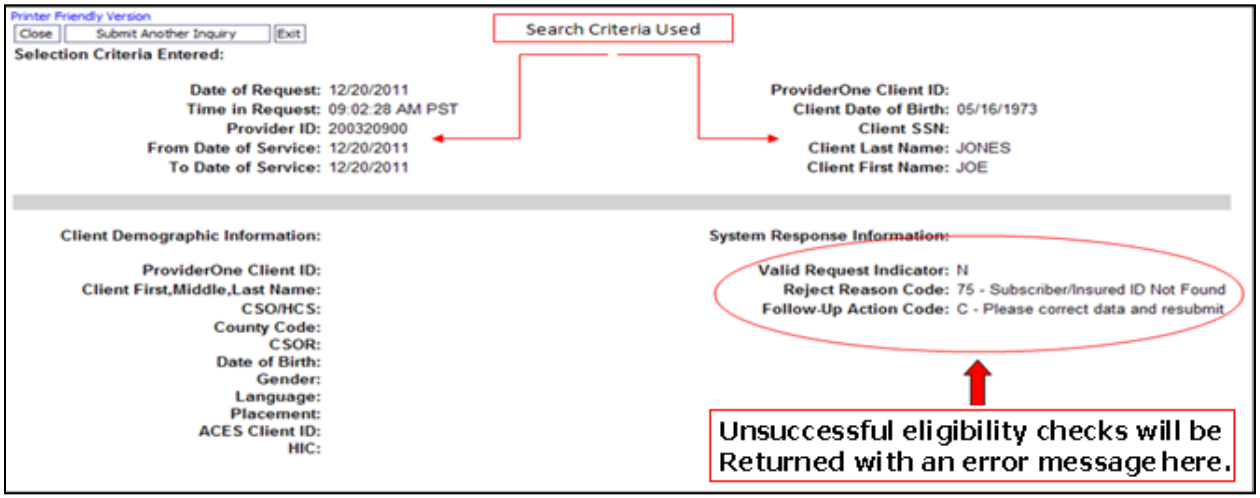
Washington State Health Care Authority

How Do I Obtain Eligibility In ProviderOne

Use one of the search criteria listed along with the dates of service to verify eligibility.



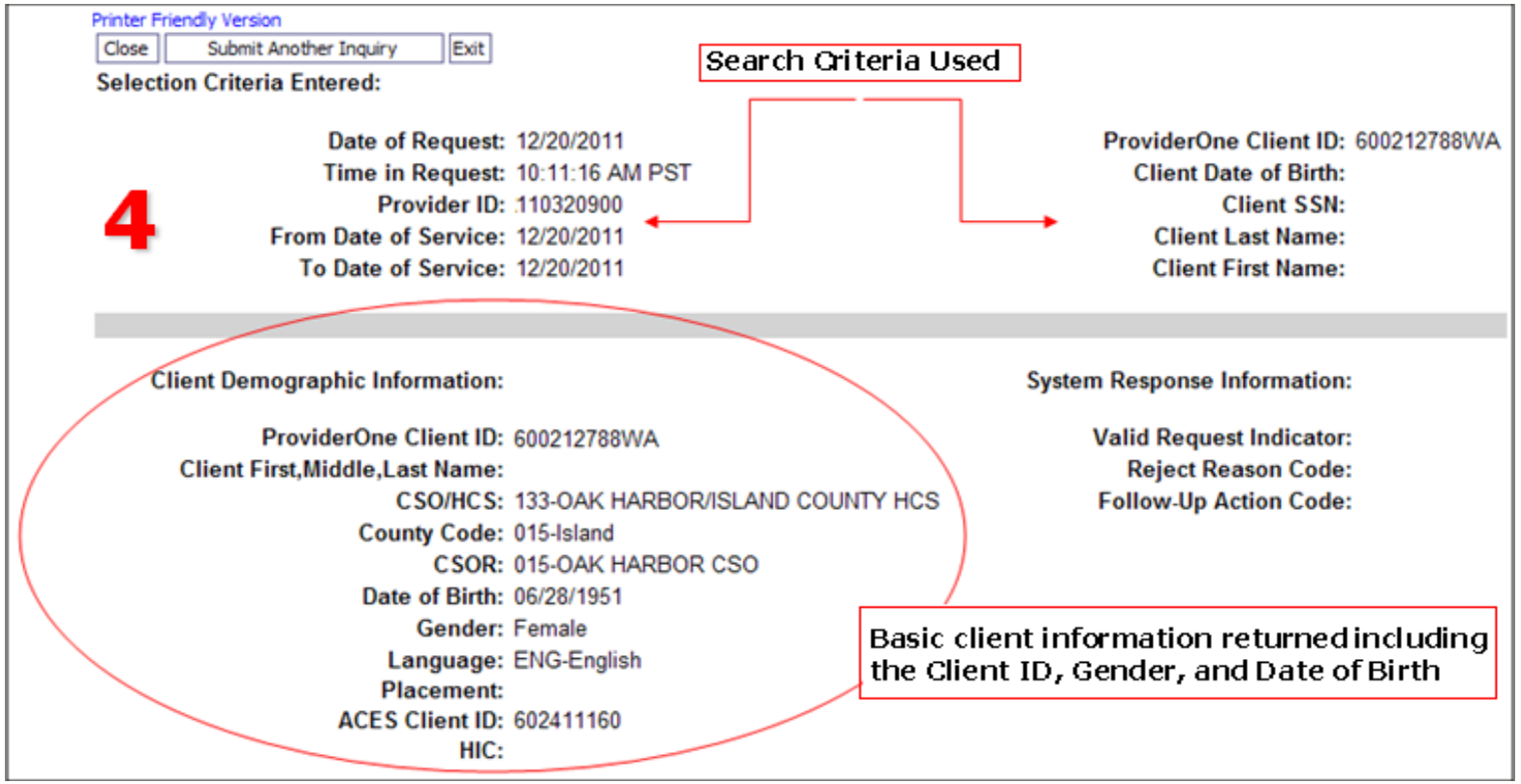
An unsuccessful check would look like this:



- The child is not eligible for your search dates; or
- Check your keying!

Washington State Health Care Authority

Successful Eligibility Check

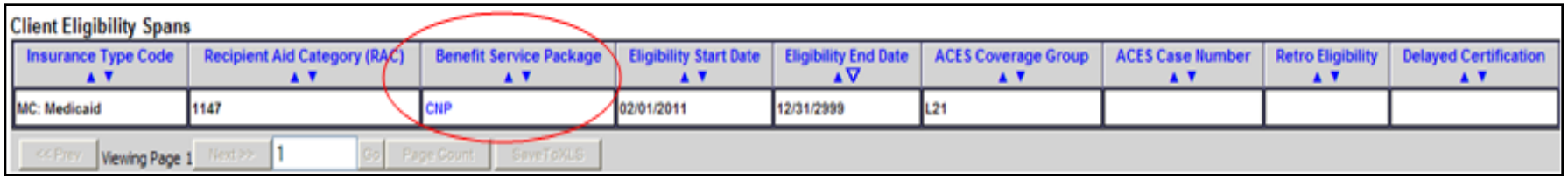


Note: The eligibility information can be printed out using the **Printer Friendly Version** link located in the upper left corner.

Successful Eligibility Check

After scrolling down the page the first entry is the **Client Eligibility Spans** which show:

- The eligibility program (CNP or MNP only)
- The date span for coverage



Washington State Health Care Authority

Successful Eligibility Check
Coordination of Benefits Information

- Will display phone number and any policy or group numbers on file with WA Medicaid for the commercial plans listed.

- For school districts who do direct data entries, the Carrier Code (Insurance ID) is found under the Coordination of Benefits Information.

Coordination of Benefits Information

Service Type Code	Insurance Type Code	Insurance Co. Name & Contact	Carrier Code	Policy Holder Name	Policy Number	Group Number	Plan Sponsor	Start Date	End Date
30: Health Benefit Plan Coverage	C1: Commercial	KAISER PERMANENTE MED CARE (800) 813-2000	HM10		13482256			09/01/2010	12/31/2999

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Gender and Date of Birth Updates

- Verified with ProviderOne system staff as of 01/27/14:
  - A large number of claims are denied due to a mismatch between the patient's DOB in the provider's record and the ProviderOne's client eligibility file. Providers can send a secure email to mmishelp@hca.wa.gov with the client's ProviderOne ID, name, and correct DOB. The same is true if providers find a gender mismatch; send the ProviderOne client ID, name, and correct gender to the same email address.

Verifying Eligibility

- Coverage status can change at any time
  - ✓ Verify coverage for each visit
  - ✓ Print the Benefit Inquiry result
  - ✓ If eligibility changes after this verification, HCA will honor the printed screen shot
    - Exception: Client with commercial insurance carrier that is loaded after you verify eligibility; commercial insurance must be billed first.

Reading the Remittance Advices (RAs)

Reading the Remittance Advice (RA)

How do I retrieve the PDF file for the RA?

- Log into ProviderOne with a **Claims/Payment Status Checker, Claims Submitter,** or **Super User**

At the Payment heading click on the hyperlink **View Payment** to view payments to the school district.

- ProviderOne should open a list of available RAs.

RA/ETRR Number	Check Number	Check/ETRR Date	RA Date	Claim Count	Charges	Payment Amount	Adjusted Amount	Download
2444447	000777	02/23/2012	02/24/2012	1428	$513,899.73	$62,865.54	$408,607.26	
2443392	000778	02/16/2012	02/17/2012	1538	$484,679.55	$63,959.26	$375,030.04	
2229984	004772	02/09/2012	02/10/2012	1384	$488,482.16	$80,452.68	$408,029.48	

- Click on the **RA/ETRR Number** in the first column to view an entire RA.

Reading the Remittance Advice (RA)

- The Summary Page of the RA shows:
  - Billed and paid amount for Paid claims
  - Billed amount of denied claims
  - Total amount of adjusted claims
  - Provider adjustment activity

Prepared Date: 05/30/2014
RA Date: 05/30/2014

RA Number: 8765432
Warrant/EFT # 852741!
Warrant/EFT Date: 05/29/2014

Warrant/EFT Amount: $9325.93
Payment Method: EFT

Page 2

Claims Summary

Billing Provider	Category	Total Billed Amount	Total Allowed Amount	Total TPL Amount	Total Sales Tax	Total Client Resp Amount	Total Paid
1122334455	Paid	$28930.00	$16114.57	$0.00	$0.00	$0.00	$9325.93
1122334455	Denied	$6525.50	$0.00	$0.00	$0.00	$0.00	$0.00
1122334455	Adjustments	-$2981.00	-$3371.87	$0.00	$0.00	$0.00	-$3266.00
1122334455	In Process	$5946.50	$0.00	$0.00	$0.00	$0.00	$0.00

Provider Adjustments

Billing Provider	FIN Invoice Number/ Parent TCN	Source	Adjustment Type	Previous Balance Amount	Adjustment Amount	Remaining Balance Amount
1122334455	214148190028/ 40140123456789 0000	System Initiated	NOC Invoice	$0.00	$0.00	$3266.00
1122334455	214148190028/ 40149870123456 0000	System Initiated	NOC Referred to CARS	$3266.00	$3266.00	$0.00

Total Adjustment Amount $3266.00

Reading the Remittance Advice (RA)

- The RA is sorted into different Categories as follows (screen shown is sample of Denials:
  - Paid
  - Denied
  - In Process
  - Adjustments

RA Number: 8765432 Warrant/EFT #: 852741! Warrant/EFT Date: 06/05/2014 Prepared Date: 06/06/2014 RA Date: 06/06/2014
Category: Denied Billing Provider: 1122334455 Page 15

Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
SMITH, JOHN D 147258369WA 100694KR 98164	201498798798798798 Dental Claim	1		05/07/2014- 05/07/2014	D0210	1.0000	$44.53	$0.00	$0.00	$0.00	$0.00	$0.00		119 = $44.53
			Document Total:	05/07/2014-05/07/2014		1.0000	$44.53	$0.00	$0.00	$0.00	$0.00	$0.00		
SMITH, JOHN D 147258369WA 100329KS 91353	201496385274196385 Dental Claim	1		05/09/2014- 05/09/2014	D5212	1.0000	$276.28	$0.00	$0.00	$0.00	$0.00	$0.00		15 = $276.28
			Document Total:	05/09/2014-05/09/2014		1.0000	$276.28	$0.00	$0.00	$0.00	$0.00	$0.00		15
SMITH, JOHN D 147258369WA 100672AT 100453	201445612378945612 Dental Claim	1		05/06/2014- 05/06/2014	D9230	1.0000	$20.00	$0.00	$0.00	$0.00	$0.00	$0.00		119 = $20.00
			Document Total:	05/06/2014-05/06/2014		1.0000	$20.00	$0.00	$0.00	$0.00	$0.00	$0.00		
				Category Total:		16.0000	$904.81	$0.00	$0.00	$0.00	$0.00	$0.00		

Reading the Remittance Advice (RA)

- EOB Codes
  - The Adjustment Reason Codes
  - The Remark Codes for denied claims & payment adjustments are located on the last page of the RA

Adjustment Reason Codes / NCPDP Rejection Codes
119 : Benefit maximum for this time period or occurrence has been reached. 15 : The authorization number is missing, invalid, or does not apply to the billed services or provider. 16 : Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. 18 : Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO) 35 : Lifetime benefit maximum has been reached. 96 : Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

Remark Codes
N20 : Service not payable with other service rendered on the same date. N329 : Missing/incomplete/invalid patient birth date. N37 : Missing/incomplete/invalid tooth number/letter. N39 : Procedure code is not compatible with tooth number/letter.

- The complete list of Federal codes can be located on http://www.wpc-edi.com/reference/

Online Services

- ProviderOne Billing and Resource Guide

ProviderOne Billing and Resource Guide

Click Resource Guide

This Guide:

- Provides general information that applies to most Medicaid providers.
- Takes providers through the process for billing the Medicaid Program of the Health Care Authority for covered services delivered to eligible clients.

Online Services

Helpful links related to Medicaid eligibility

- For the following fact sheets, use the hyperlink listed below
  - ✓ Client Services Card Fact Sheet
  - ✓ Client Eligibility Verification Fact Sheet
  - ✓ Interactive Voice Response Fact Sheet
  - ✓ http://www.hca.wa.gov/medicaid/provider/pages/factsheets.aspx

- E-Learning webinar on how to check eligibility in ProviderOne http://www.hca.wa.gov/medicaid/provider/Pages/webinar.aspx

- Self-paced online tutorial on how to check Medicaid eligibility at http://www.hca.wa.gov/medicaid/ProviderOne/pages/phase1/tutorials.aspx

- ProviderOne Billing and Resource Guide

Online Services

- Visit the providers training website for links to recorded webinars, E-learning, and resource manuals at http://www.hca.wa.gov/medicaid/provider/pages/training.aspx.

- Provider Enrollment's website is located at http://www.hca.wa.gov/medicaid/provider/pages/newprovider.aspx. The Provider Enrollment Unit is available to assist with enrolling servicing providers under the school district's billing NPI number. They can be reached at **800-562-3022 ext. 16137.**

- ProviderOne billing questions can be forwarded to the Provider Relations Unit or to the SBHS Program Manager.

Questions?

For more information, please contact

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